

# **PART B - FEE(S) TRANSMITTAL**

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(Depositor's name)
(Signature)
(Date)

65913 7590 02/25/2008

**NXP, B.V.**  
**NXP INTELLECTUAL PROPERTY DEPARTMENT**  
**M/S41-SJ**  
**1109 MCKAY DRIVE**  
**SAN JOSE, CA 95131**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/534,165	05/05/2005	Reinhard Fritz	AT02 0064 US	9962
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**TITLE OF INVENTION: DATA CARRIER WITH A MODULE WITH A REINFORCEMENT STRIP**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/27/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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CLARK, JASMINE JIHAN B	2815	257-666000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Peter Zawilski

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**NXP B.V.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**EINDHOVEN, NETHERLANDS**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 509019 Enclose an extra copy of this form.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Peter Zawilski

Typed or printed name Peter Zawilski

Date 27-FEB-2008

Registration No. 43,305

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